

STUDENT CONTRACT FORM-CHECKLIST

This checklist will assist you with creating your student contract(s). Any item indicated by a checkbox needs to be included in that particular contract. Feel free to add any other language that is pertinent for your school.

Seg 1 Seg 2

Adult Truck

| | | | | |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Provider's name, phone number, office hours and established office location address (at the top of the contract) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Address where the student will be given classroom instruction and where the student must report for BTW instruction (if different from the school's office location address) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Provider certificate number | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Program number (as assigned by provider) | NA | NA |
| <input type="checkbox"/> | <input type="checkbox"/> | Student's full name (last, first, middle), address, phone number, birth date | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | If the student is a minor, the parent's or legal guardian's name, address, and telephone number. | NA | NA |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of hours of instruction (class/BTW/observation), Make-up days for class/BTW | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Requirements to passing course (homework, quizzes, tests), STATE TEST percentage | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Fees for course (per hour, lesson), due date for fee | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Payment method, (fee paid, cash, check, money order, credit card, date of check) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Material costs and supplies, cancellation fees | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Refund policy (full or partial) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Dates of class | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Signatures of (student, parent, school representative), and date | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | NA | Parent Waiver <u>NOTE</u> : if you include the "Parent Waiver" in the student contract, a parent or guardian must sign the waiver and the contract separately. | NA | NA |

REQUIRED LANGUAGE (unless noted as NA)

| | | | | |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Notice: This provider is required to be certified by the Secretary of State. If you have any complaint, which you cannot settle with this school, write: Michigan Department of State, Driver Programs Division, Lansing, MI 48918. Completion of driver education instruction does not guarantee qualification for a driver license. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | NA | "(Name of Provider) will conduct the behind-the-wheel instruction in a dual controlled automobile, fully insured, covering each student enrolled in the program." | NA | NA |
| <input type="checkbox"/> | NA | "The student must be at least 14 years and 8 months of age by the first day of class (verification by birth certificate required)." | | |
| NA | <input type="checkbox"/> | For a student to participate in segment 2, verification must be received that the student has completed a minimum of 30 hours of driving (including 2 hours at night) with a licensed parent or guardian (or parent designee) on a level 1 license, which has been held for not less than 3 continuous months. | NA | NA |